

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10721806 FILING DATE 11-25-03  
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1				
4		1				
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TOTAL IND.	4	↓	↓	↓	↓	
TOTAL DEP.	26	←	←	←	←	
TOTAL CLAIMS	30	████████	████████	████████	████████	

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